



Real Estate Services Professional Liability Coverage
Renewal Application

Travelers Casualty and Surety Company of America

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: The limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense costs. The Insurer will not be liable for the amount of any judgment, settlement, or defense costs incurred after exhaustion of the limit of liability.

IMPORTANT INSTRUCTIONS

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this application for any information that exceeds the space provided.

Coverage is not available in CA, HI, and LA.

GENERAL INFORMATION

Form fields for General Information including: Legal Name of Firm, Expiring Policy Number, Trade or Doing Business As Name(s), Primary Contact Name and Title, Telephone Number, Email Address, Web Address, Has the mailing or primary office address changed in the past 12 months?, Mailing Address, Primary Office Address.

APPLICANT INFORMATION

- 1. How many owners, employees, and independent contractors are performing professional services for the firm?
2. Complete the following chart for each service provided. Show all income, fees, and commissions BEFORE split with brokers, salespeople, or deduction of expenses. DO NOT REPORT PROPERTY VALUES.

Table with columns: Service, Most Recent 12 Months (Not Fiscal Year) - Number of Transactions, Gross Commissions and Fees. Rows include Residential (Sales, Leasing, etc.) and Commercial (Sales, Leasing, etc.) services.

\*Indicates services that may require the completion of the Real Estate Professional Other Services Supplement.

3. Complete the following chart for the transactions listed in question 2. Estimates are acceptable.

Sale Price or Transaction Value	Number of Residential Transactions	Number of Commercial Transactions
Less than or equal to \$1,000,000		
Greater than \$1,000,000		

4. In the past 12 months or in the next 12 months, was there (or will there be) any of the following:
- a. Acquisition of, or merger with, another firm?  Yes  No
  - b. Change in firm name, ownership, management, or control?  Yes  No
  - c. Change in the firm's, or any member of the firm's, ownership, management, or control of another entity?  Yes  No

If Yes to any of the above, provide details: \_\_\_\_\_

5. Is 25% or more of the firm's revenue derived from a single development, subdivision, or client?  Yes  No

If Yes, provide details: \_\_\_\_\_

6. What percentage of the firm's total revenue is derived from the sale of properties owned in whole or in part by one of the agents, brokers, or independent contractors, or by the firm itself? \_\_\_\_\_ %

7. Does the firm, or any member of the firm, sell residential properties (1-4 family dwellings) that are constructed or developed by any of the firm's agents, brokers, independent contractors, or by the firm itself, or by the spouse or domestic partner of any agent, broker, or independent contractor?  Yes  No

If Yes and coverage is desired, complete the Construction/Development Information section of the Real Estate Professional Other Services Supplement.

8. What percentage of the firm's total revenue is derived from the following property transactions?

- a. Foreclosures \_\_\_\_\_ %
- b. REO or bank owned \_\_\_\_\_ %
- c. Short sales \_\_\_\_\_ %

9. What percentage of sales transactions include:

- a. a property disclosure statement signed by the seller? \_\_\_\_\_ %
- b. a property inspection? \_\_\_\_\_ %

10. Indicate the percentage of sales transactions in which the firm, any member of the firm, or any independent contractor acted as a dual agent representing the buyer and the seller: \_\_\_\_\_ %

11. In the past 12 months, has any member of the firm, including any independent contractor, ever had their professional license revoked or suspended, been formally reprimanded, or been the subject of a disciplinary action?  Yes  No

If Yes, provide details: \_\_\_\_\_

**RISK MANAGEMENT INFORMATION**

12. In the last 12 months have any of the following loss prevention and risk management controls changed?
- a. Control systems and conflict of interest procedures  Yes  No
  - b. Client intake, screening, and file documentation  Yes  No
  - c. Oversight and internal communication  Yes  No
  - d. Office policies and procedures and firm management  Yes  No

If Yes to any of the above, provide details: \_\_\_\_\_

**NOTICE REGARDING COMPENSATION**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: \_\_\_\_\_

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

**FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS**

**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**PUERTO RICO:** Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

## **SIGNATURES**

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided.

Electronic Signature and Acceptance – Authorized Representative\*

\*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature: <b>X</b>	Authorized Representative Name and Title:	Date (month/dd/yyyy):
Producer Name (required in FL & IA): <b>X</b>	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:		Agency Phone Number:

## **ADDITIONAL INFORMATION**